

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

- 07 - 245 -

ALFUS DANTEL MCKINSLEY ANDERSON

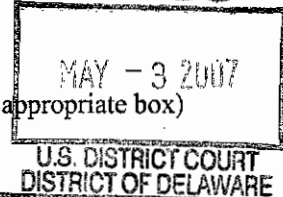
Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, ALFUS DANTEL MCKINSLEY ANDERSON declare that I am the (check appropriate box)
☒ Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER DE, SMYRNAInmate Identification Number (Required): SBIF# 328043Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes ☒ No \$0.00

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|-------------------------------------|
| a. Business, profession or other self-employment | • • Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | <input checked="" type="radio"/> No |
| f. Any other sources | • • Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ 0.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

4/28/07
DATE

Daniel McKinley Anderson
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith
Support Services Manager
Delaware Correctional Center
Smyrna, Delaware 19977

DATE: 4/25/07

FROM: RUFUS DANIEL MCKENZIE ANDERSON 328043
Inmate Name (Please Print Name) SBI #

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2),
Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust
Fund Account for the previous six-month period. Please forward same to me.

Rufus Daniel McKenzie Anderson
Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

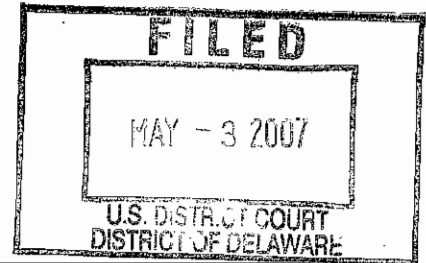
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TO: Rufus Anderson SBI#: 328043

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: April 25, 2007



Attached are copies of your inmate account statement for the months of October 1, 2006 to March 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Oct</u>	<u>0</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>
<u>March</u>	<u>0</u>

Average daily balances/6 months: 0

Attachments

CC: File

Stacy Shane
4/25/07

Jeanette L. Hays
4/26/07

Individual Statement From October 2006 to December 2006

Page 1 of 1

Date Printed: 4/25/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00328043	ANDERSON	RUFUS			Ending Month Balance:	\$0.00
Current Location:	17	Comments: QOL2				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailP	10/10/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	329913		9/27/06	
Supplies-MailP	10/13/2006	\$0.00	\$0.00	(\$2.61)	\$0.00	332258		INDIGENT 10/9/06	
Supplies-MailP	10/19/2006	\$0.00	\$0.00	(\$5.00)	\$0.00	334155		10/13/06	
Medical	10/19/2006	\$0.00	(\$4.00)	\$0.00	\$0.00	334636		10/2/06	
Supplies-MailP	11/15/2006	\$0.00	\$0.00	(\$3.42)	\$0.00	346828		INDIGENT 11/6/06	
Supplies-MailP	11/17/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	347964		11/13/06	
Supplies-MailP	12/5/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	354573		11/24/06	
Supplies-MailP	12/13/2006	\$0.00	\$0.00	(\$7.20)	\$0.00	359084		12/11/06	
Supplies-MailP	12/22/2006	\$0.00	\$0.00	(\$3.48)	\$0.00	363028		INDIGENT 12/11/06	
					Ending Month Balance:	\$0.00			

Total Amount Currently on Medical Hold: (\$34.00)

Total Amount Currently on Non-Medical Hold: (\$102.77)

Individual Statement From January 2007 to March 2007

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Date Printed: 4/25/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00328043	ANDERSON	RUFUS			Ending Month Balance:	\$0.00
Current Location:	17	Comments: QOL2				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailP	1/9/2007	\$0.00	\$0.00	(\$4.67)	\$0.00	370489		1/5/07	
Supplies-MailP	1/10/2007	\$0.00	\$0.00	(\$1.59)	\$0.00	371318		12/20/06	
Medical	1/12/2007	\$0.00	(\$6.00)	\$0.00	\$0.00	371981		12/12/06	
Supplies-MailP	1/16/2007	\$0.00	\$0.00	(\$5.00)	\$0.00	373673		1/10/07	
Supplies-MailP	2/16/2007	\$0.00	\$0.00	(\$3.70)	\$0.00	388683		INDIGENT 2/12/07	
Medical	2/21/2007	\$0.00	(\$2.00)	\$0.00	\$0.00	390877		2/8/07	
Supplies-MailP	2/23/2007	\$0.00	\$0.00	(\$4.05)	\$0.00	392334		2/22/07	
Supplies-MailP	3/19/2007	\$0.00	\$0.00	(\$5.00)	\$0.00	402026		3/10/07	
Supplies-MailP	3/19/2007	\$0.00	\$0.00	(\$4.20)	\$0.00	402037		3/10/07	
Ending Month Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$34.00)

Total Amount Currently on Non-Medical Hold: (\$102.77)